

Report of the 2005 Recovery Oriented System Indicators (ROSI) Pilot in Virginia

A Project of

The Office of Mental Health, Community Support Services
Department of Mental Health, Mental Retardation and Substance Abuse Services

**The Virginia Organization of Consumers Assertive Leadership
(VOCAL)**

The Virginia Mental Health Association

And

Consumer Empowerment Leadership Training (CELT) Graduates

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This pilot demonstrated the use of the Recovery Oriented System Indicators¹ (ROSI) survey to measure a set of mental health system performance indicators in Virginia. This was a joint project of DMHMRSAS, the Virginia Organization of Consumers Asserting Leadership (VOCAL), the Virginia Mental Health Association, and Consumer Empowerment Leadership Training (CELT) graduates. Consumer- and non-consumer researchers created the ROSI with groups of consumers from nine states as a set of 42 self-report items chosen to measure their perceptions of the mental health service system's recovery orientation in eight domains:

1. **Meaningful Activities** (3 items) - involves work, education, voluntary and/or group advocacy activities that are meaningful to the individual.
2. **Basic Material Resources** (7 items) – measures whether basic material resource needs are being met.
3. **Peer Support** (3 items) involves peer support and consumer operated services.
4. **Choice** (4 items) measures the degree of perceived choice, and support in the process of making choices, regarding housing, work, social, services, treatment and other areas of life.
5. **Social Relationships** (3 items) involves the roles social and personal relationships play in facilitating recovery.
6. **Formal Service Staff** (8 items) involves the roles formal service staff play in helping or hindering the recovery process.
7. **Formal Services** (11 items) measures perceptions of the formal service systems' culture, organization, structure, funding, access, choice, quality, range, continuity and other characteristics.
8. **Self/Holism** (3 items) involves characteristics that relate to one's sense of self, such as self-reliance.

Method: The Virginia ROSI project utilized trained consumer-peers as surveyors. Teams of two paid consumers at each of 43 sites in eleven local community services board (CSB) areas completed surveys with 596 mental health consumers from July through November 2005. Consumers either filled out the survey about their CSB services by themselves on site (74%), with direct help from the consumer-surveyor (22%), or by mail (<1%).

Sample: 45% of the sample was male; the median age was 44 years old; 63% was white, 18% black and 19% other races; 80% reported having a high school education or higher; and 62% reported receiving services for more than 5 years. Those in services between 3-5 years reported receiving the widest array of services as shown by the percent in each service in the table below:

Percent of Respondents by Service Type and Years in Service	Total n=549		< 1 yr. n=50	1-2 yrs. n=41	3-5 yrs. n=80	> 5 yrs. n=372
Medication	61.2		50.0	56.1	71.3	67.2
Counseling	58.4		55.4	58.5	71.3	60.8
Case management	51.3		44.6	61.0	65.0	53.0
Clubhouse	46.0		25.0	39.0	51.3	53.2
Housing	32.9		23.2	29.3	28.8	38.7
Psychosocial	30.0		26.8	22.0	32.5	33.6
Alcohol	21.3		42.9	22.0	23.8	19.1
Self-Help	18.8		14.3	12.2	20.0	21.0
Employment	15.9		16.1	22.0	11.3	16.4
ACT	10.6		8.9	9.8	15.0	10.8
Other	7.0		12.5	4.9	8.8	6.5

¹Dumont, J, Ridgway, P., Onken, S., Dornan, D, Ralph, R., (2006) "Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators". NTAC, National Association of State Mental Health Program Directors

Analysis: Survey data were analyzed with SPSS v.14, a statistical software package. The statements on the survey were coded using one of 2 four-point scales (Strongly Disagree, Disagree, Agree, Strongly Agree or Never/Rarely, Sometimes, Often, Almost Always/Always). Higher numbers on domain scores and the overall average score represent more positive perceptions while lower scores represent more negative ones. In calculating the scores, responses to negative items (e.g., “Mental health staff interfere with my personal relationships.”) were recoded so that higher scores represent the desired direction of the response (i.e., “disagree”). Domain scores were not calculated for surveys when more than one third of the items in the domain were missing or answered, “does not apply to me”.

Results: Overall, Virginia consumers expressed a positive perception of their mental health providers on factors that facilitate recovery. All domains but Self/Holism had a median score of 3 or higher, meaning that respondents scored most statements in the desired direction (Agree for positive statements and Disagree for negative statements). The only domain whose median score was below 3 was Self/Holism with a median of 2.67. There were no significant differences in overall average scores by gender, age, race, education level, length of time in services, or type of survey completion process (i.e., by themselves, with assistance, or by mail). Domain scores and the overall average is shown below (see Appendix 1 for the entire set of survey responses.)

Recovery Domain	Number Responding	Median Score	Mean Score
MEANINGFUL ACTIVITIES	487	3.0000	2.8238
MATERIAL RESOURCES	524	3.0000	2.9054
PEER SUPPORT	522	3.0000	2.8180
CHOICE	531	3.0000	2.8964
SOCIAL RELATIONSHIPS	562	3.3333	3.1548
FORMAL SERVICE STAFF	547	3.1429	3.0943
FORMAL SERVICES	536	3.1000	3.0634
SELF/HOLISM	542	2.6667	2.7165
Overall Average Score	541	3.0000	2.9741

Highest Positive Survey Responses The most positive survey responses by domain were as follows (see Appendix 2 for the majority set of positive responses):
(Percentages were calculated without missing responses or those marked “does not apply.”)

Meaningful Activities

76% agreed, “Staff encourage me to do things that are meaningful to me.”

Basic Material Resources

85% agreed, “I have reliable transportation to get where I need to go.”

84% agreed, “I have a place to live that feels like a comfortable home to me”

81% agreed, “Mental health services helped me get medical benefits that meet my needs”

Peer Support

85% agreed, “I am encouraged to use consumer-run programs”

Social Relationships

91% agreed, “There is at least one person who believes in me”

82% disagreed, “Mental health staff interfere with my personal relationships.”

Formal Service Staff

88% agreed, "Staff respect me as a whole person"

83% agreed, "Staff treat me with respect regarding my cultural background"

77% agreed, "Staff believe that I can grow, change and recover."

Formal Services

86% disagreed, "Staff use pressure, threats, or force in my treatment."

79% agreed, "The doctor worked with me to get on medications that were most helpful for me."

77% disagreed, "I am treated as a psychiatric label rather than as a person."

76% disagreed, "Mental health services have caused me emotional or physical harm"

Self/Holism

77% agreed, "Services help me develop the skills I need."

Lowest Positive Survey Responses The least positive responses by domain were as follows:

Meaningful Activities:

57% disagreed, "Mental health services helped me get or keep employment."

37% disagreed, "I have a chance to advance my education if I want to."

Basic Material Resources

54% disagreed, "I have enough income to live on"

38% disagreed, "I have housing that I can afford."

Peer Support

47% disagreed, "There was a consumer peer advocate to turn to when I needed one."

44% disagreed, "There are consumers working as paid employees in the mental health agency where I receive services."

Choice

41% disagreed, "I have a say in what happens to me when I am in crisis."

39% agreed, "I do not have enough good service options to choose from"

37% disagreed, "My right to refuse treatment is respected."

Social Relationships

38% agreed, "I do not have the support I need to function in the roles I want in my community"

Formal Service Staff

35% disagreed, "My treatment plan goals are stated in my own words."

34% agreed, "Staff do not understand my experience as a person with mental health problems"

Formal Services

49% agreed, "Mental health services led me to be more dependent, not independent."

49% disagreed, "My family gets the education or supports they need to be helpful to me"

Self/Holism

39% agreed, "I lack the information/resources I need to uphold my client rights & basic human rights"

“Does Not Apply” Survey Response Items

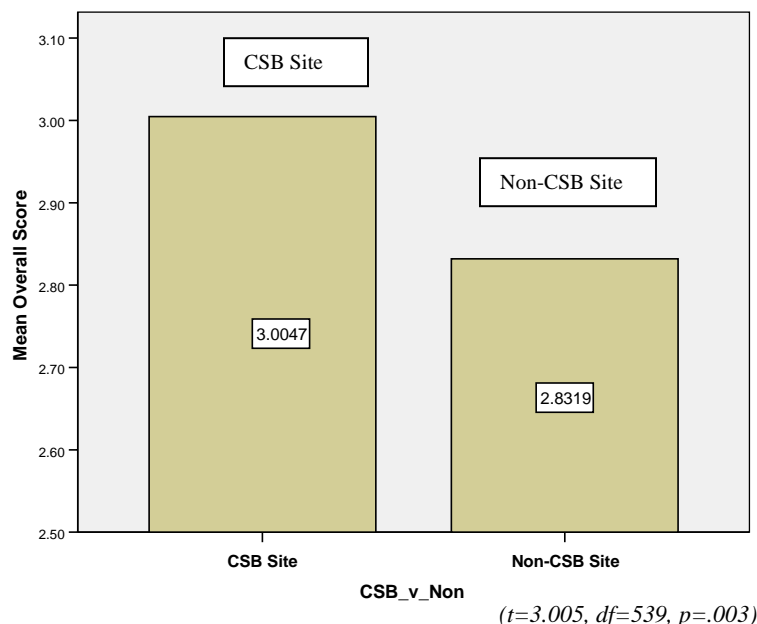
Missing data ranged from 1% to 6% per survey item and respondents were given the option of choosing “does not apply to me” for any of the 42 items. The following items were most often marked as “does not apply to me” rather than as “disagree,” indicating that these respondents may not expect to receive help from their mental health provider in these areas.

ROSI Survey Items - Percent Responding	Agreee	Disagree	Does Not Apply To	
			Me	Missing
23 MH services helped me get or keep employment	25.8	34.2	34.9	5.0
6 MH services helped me get housing in a place I feel safe.	49.3	19.5	29.0	2.2
27 There are consumers working as paid as employees in the MH agency	43.0	33.7	17.3	6.0
41 My family gets the education or supports they need to be helpful to me	39.9	38.6	16.8	4.7
24 I have a chance to advance my education if I want to	50.5	30.0	15.6	3.9
36 My right to refuse treatment is respected	50.3	29.9	14.4	5.4
12 MH services helped me get medical benefits that met my needs	67.6	16.3	13.9	2.2
26 There was a consumer peer advocate to turn to when I needed one	44.0	38.4	12.8	4.9
19 I have housing that I can afford	52.9	31.9	11.4	3.9

Descriptions of survey sites: Consumers were surveyed in CSB clinics (n=131) and clubhouses (n=347), and at privately operated clubhouses (n=32), independent support groups (n=13), consumer-operated programs (n=40), and other non-CSB settings (n=33). The average overall scores for the CSBs’ mental health recovery orientation were highest among those surveyed in CSB clinics (3.07) and lowest among those surveyed in consumer-operated programs (2.76).

Survey locations were recoded into a new variable (“CSB_v_Non”) and an independent-samples t-test was conducted to compare average scores. A significant difference was found between the overall average scores for CSB Sites (3.00, n=484) vs Non-CSB Sites (2.83, n=112), ($t=3.005$, $df=539$, $p=.003$) but the size of the difference was small (Eta squared = .016). (See chart below.)

Average Scores by Type of Organization Serving as Survey Site



Slight but significant differences were also found in some recovery domain scores in surveys from respondents at CSB Sites versus respondents at Non-CSB Sites. Respondents’ mean Domain Scores in surveys collected in CSB sites (n=445) were found to be significantly higher

than mean Domain Scores in the non-CSB sites (n=96) for Formal Service Staff, Formal Services, Meaningful Activities, Peer Support, and Choice, as seen in the table below.

Mean Scores by Recovery Domain	CSB Site Respondents (n=445)	Non-CSB Respondents (n=96)	t	df	Sig.
Formal Service Staff	3.14	2.90	3.44	545	.001
Formal Services	3.10	2.88	3.17	534	.002
Meaningful Activities	2.88	2.59	2.89	485	.004
Peer Support	2.86	2.63	2.57	520	.010
Choice	2.93	2.75	2.21	529	.028
Material Resources	2.92	2.85			
Social Relationships	3.16	3.15			
Self/Holism	2.72	2.67			

Limitations: The surveyors were paid to attend training and then a fixed amount for returning a targeted number of completed surveys. The initial plan for surveyors to collect 150 surveys over a four-day period was found to be unrealistic, so the target was reduced to 80 surveys per team. A total of 601 were ultimately collected, for an average of 86 per team (five surveys were deemed unusable for analysis). The surveyors' incentive was to gather the most surveys in the least amount of time in order to get paid as quickly as possible. Reaching their established targets served as a significant motivation for consumer outreach, however, the teams preferred to survey at sites with the most people-traffic for a 2-3 hour span. This process may have made respondents feel rushed to fill out the survey and additional consumers may have been missed in this approach.

The ROSI includes a 23-item Administrative-data Profile, not included in this pilot, designed to provide an objective measure of the CSB (or other provider) and the public system to which the respondent is referring in the survey. This pilot cannot therefore be considered a complete and reliable measure of the system's recovery-orientation, so CSBs are not identified in this report.

Discussion: The Virginia ROSI pilot was a success in that a substantial number of completed surveys were collected, respondents noted their appreciation for the consumer-run process, and valuable information about their perceptions was gathered to form a baseline for future survey efforts. The consumers reached through this pilot expressed a positive perception of the recovery-orientation of much of the Virginia mental health system but many respondents also pointed out areas in need of improvement, such as assistance with employment and education, income and affordable housing, peer and family support, and opportunities for a greater range of choices in their mental health services and community life.

Respondents who were the furthest removed from traditional CSB mental health service sites expressed the least positive perceptions of the CSB's recovery-orientation. This finding may reflect a self-selection of consumers utilizing services in non-CSB sites or a felt-sense of freer expression beyond the confines of traditional service settings. In either case, the consumers hired as surveyors in this pilot were found to be reliable and appreciated by the respondents as positive role models with whom they were willing to share their opinions.

Recommendations: The ROSI survey, including the Administrative-data Profile, should be conducted periodically throughout Virginia to provide a standard repeated measure of our mental health system's transformation towards our vision of recovery, resilience, empowerment and self-determination. The utilization of peers as ROSI surveyors is encouraged, as are survey settings that help protect privacy and encourage free expression by respondents. These might also include web-based surveys available to consumers with Internet access through public libraries or home computers.

Appendix 1. - ROSI Survey Responses by Percent Responding

ROSI Survey Items - Percent Responding	Strongly Disagree		Disagree		Agree		Strongly Agree		Does Not Apply To Me	Total	Missing
	Disagree	Disagree	Agree	Agree	Agree	Agree	Agree	Agree	Me		
1 I am encouraged to use consumer-run services	5.0	7.9	42.4	32.0	10.1	97.5	2.5				
2 Staff respect me as a whole person	3.9	7.2	43.5	41.9	2.5	99.0	1.0				
3 There is at least one person who believes in me	3.5	4.7	38.1	47.1	2.9	96.3	3.7				
4 I do not have the support I need to function in community roles	18.6	35.7	22.8	10.7	8.9	96.8	3.2				
5 I do not have good service options to choose from	16.9	39.4	25.7	10.1	5.4	97.5	2.5				
6 MH services helped me get housing in a place I feel safe.	8.7	10.7	30.7	18.6	29.0	97.8	2.2				
7 Staff do not understand my experience as a person with MH problems.	23.2	37.2	21.1	9.4	6.7	97.7	2.3				
8 MH staff ignore my physical health	24.0	43.5	15.6	7.9	6.9	97.8	2.2				
9 I have a place to live that feels like a comfortable home to me	6.5	7.9	42.4	36.1	4.9	97.8	2.2				
10 MH services have caused me emotional or physical harm	32.6	37.1	13.9	8.6	5.5	97.7	2.3				
11 I cannot get the services I need when I need them	24.7	40.9	18.5	7.4	6.4	97.8	2.2				
12 MH services helped me get medical benefits that met my needs	5.5	10.7	41.8	25.8	13.9	97.8	2.2				
13 MH services led me to be more dependent, not independent	16.6	27.9	29.0	14.6	8.1	96.1	3.9				
14 I lack the information or resources I need re: client/human rights	20.8	34.2	24.8	9.9	6.2	96.0	4.0				
15 I have enough income to live on	25.2	25.5	33.9	9.1	2.5	96.1	3.9				
16 Services help me develop the skills I need	6.0	14.8	50.0	18.8	6.4	96.0	4.0				
17 I have a say in what happens to me when I am in crisis	8.2	28.7	21.3	31.9	6.7	96.8	3.2				
18 Staff believe I can grow, change and recover	5.2	15.6	24.5	45.5	4.9	95.6	4.4				
19 I have housing that I can afford	15.8	16.1	15.4	37.4	11.4	96.1	3.9				
20 Staff use pressure, threats, or force force in my treatment	61.7	11.7	6.4	5.2	10.9	96.0	4.0				
21 Staff see me as an equal partner in my treatment program	9.6	17.4	23.3	39.6	5.2	95.1	4.9				
22 MH staff supports my self-care and wellness	5.7	15.8	26.3	42.8	5.4	96.0	4.0				
23 MH services helped me get or keep employment	22.3	11.9	12.1	13.8	34.9	95.0	5.0				
24 I have a chance to advance my education if I want to	15.4	14.6	19.5	31.0	15.6	96.1	3.9				
25 I have reliable transportation to get where I need to go	10.6	19.5	19.8	44.1	3.7	97.7	2.3				
26 There was a consumer peer advocate to turn to when I needed one	20.3	18.1	16.1	27.9	12.8	95.1	4.9				
27 There are consumers working as paid as employees in the MH agency	19.5	14.3	18.0	25.0	17.3	94.0	6.0				
28 Staff give information I understand before I consent to tx or meds	8.6	15.9	20.0	45.1	6.2	95.8	4.2				
29 Staff encourage me to do things that are meaningful to me	5.5	16.3	25.2	44.6	5.0	96.6	3.4				
30 Staff stood up for me to get the services and resources I needed	8.2	16.9	22.0	40.3	7.7	95.1	4.9				
31 Staff treat me with respect regarding my cultural background	6.5	9.2	21.8	54.2	4.9	96.6	3.4				
32 Staff listen carefully to what I say	5.9	18.0	23.3	47.5	2.3	97.0	3.0				
33 Mh staff lack up-to-date knowledge on the most effective treatments	36.6	22.3	10.7	14.8	9.6	94.0	6.0				
34 MH staff interfere with my personal relationships	54.7	16.1	6.9	8.2	10.6	96.5	3.5				
35 MH staff help me build on my strengths	7.0	20.0	24.7	39.6	3.9	95.1	4.9				
36 My right to refuse treatment is respected	13.4	16.4	16.6	33.7	14.4	94.6	5.4				
37 My tx plan goals are stated in my own words	12.4	18.0	23.2	32.2	9.1	94.8	5.2				
38 The doctor worked with me to get on most helpful medications	6.0	12.9	21.1	50.2	6.2	96.5	3.5				
39 I am treated like a psychiatric label rather than as a person	48.2	19.3	9.1	10.7	9.4	96.6	3.4				
40 I can see a therapist when I need to	9.2	18.6	22.3	40.6	4.9	95.6	4.4				
41 My family gets the education or supports they need to be helpful to me	21.3	17.3	14.9	25.0	16.8	95.3	4.7				
42 I have info/guidance to get services/supports, inside/outside MH agency	7.4	22.1	23.8	36.9	5.7	96.0	4.0				

Appendix 2. A majority answered positively (i.e., agreed) to the following survey statements:

ROSI Survey Items - Percent Responding	Agreee	Disagree	Does Not Apply To	
			Me	Missing
2 Staff respect me as a whole person	85.4	11.1	2.5	1.0
3 There is at least one person who believes in me	85.2	8.2	2.9	3.7
9 I have a place to live that feels like a comfortable home to me	78.5	14.4	4.9	2.2
31 Staff treat me with respect regarding my cultural background	76.0	15.8	4.9	3.4
1 I am encouraged to use consumer-run services	74.5	12.9	10.1	2.5
38 The doctor worked with me to get on most helpful medications	71.3	19.0	6.2	3.5
32 Staff listen carefully to what I say	70.8	23.8	2.3	3.0
18 Staff believe I can grow, change and recover	70.0	20.8	4.9	4.4
29 Staff encourage me to do things that are meaningful to me	69.8	21.8	5.0	3.4
22 MH staff supports my self-care and wellness	69.1	21.5	5.4	4.0
16 Services help me develop the skills I need	68.8	20.8	6.4	4.0
12 MH services helped me get medical benefits that met my needs	67.6	16.3	13.9	2.2
28 Staff give information I understand before I consent to tx or meds	65.1	24.5	6.2	4.2
35 MH staff help me build on my strengths	64.3	27.0	3.9	4.9
25 I have reliable transportation to get where I need to go	63.9	30.0	3.7	2.3
40 I can see a therapist when I need to	62.9	27.9	4.9	4.4
21 Staff see me as an equal partner in my treatment program	62.9	27.0	5.2	4.9
30 Staff stood up for me to get the services and resources I needed	62.2	25.2	7.7	4.9
42 I have info/guidance to get services/supports, inside/outside MH agency	60.7	29.5	5.7	4.0
37 My tx plan goals are stated in my own words	55.4	30.4	9.1	5.2
17 I have a say in what happens to me when I am in crisis	53.2	36.9	6.7	3.2
19 I have housing that I can afford	52.9	31.9	11.4	3.9
24 I have a chance to advance my education if I want to	50.5	30.0	15.6	3.9
36 My right to refuse treatment is respected	50.3	29.9	14.4	5.4

And a majority answered positively (i.e., disagreed) to the following survey statements:

ROSI Survey Items - Percent Responding	Agreee	Disagree	Does Not Apply To	
			Me	Missing
20 Staff use pressure, threats, or force force in my treatment	11.6	73.5	10.9	4.0
34 MH staff interfere with my personal relationships	15.1	70.8	10.6	3.5
10 MH services have caused me emotional or physical harm	22.5	69.6	5.5	2.3
8 MH staff ignore my physical health	23.5	67.4	6.9	2.2
39 I am treated like a psychiatric label rather than as a person	19.8	67.4	9.4	3.4
11 I cannot get the services I need when I need them	25.8	65.6	6.4	2.2
7 Staff do not understand my experience as a person with MH problems.	30.5	60.4	6.7	2.3
33 Mh staff lack up-to-date knowledge on the most effective treatments	25.5	58.9	9.6	6.0
5 I do not have good service options to choose from	35.7	56.4	5.4	2.5
14 I lack the information or resources I need re: client/human rights	34.7	55.0	6.2	4.0
4 I do not have the support I need to function in community roles	33.6	54.4	8.9	3.2
15 I have enough income to live on	43.0	50.7	2.5	3.9